REQUEST FOR AN ALTERNATIVE CONTRACEPTION DRUG, DEVICE, OR PROUDUCT FOR PATIENTS COVERED UNDER A COLORADO HEALTH BENEFIT PLAN
(other than self-funded ERISA coverage, Medicaid, Medicare, and TRICARE)

Carriers must cover a non-formulary contraceptive drug, device, or product without cost-sharing upon the recommendation of the patient's health care provider.

If the carrier, or pharmacy benefit management firm acting on behalf of a health benefit plan, requires a written request for a non-formulary contraceptive drug, device, or product, the provider must complete this form and send it to the patient's health benefit plan to obtain coverage of a contraceptive drug, device, or product that is not on the plan's prescription drug formulary, but is determined to be medically necessary for the patient by the provider.

Patient Information		
Name		**Date of Birth**
Address		
City	**State**	**Zip Code**
Health Insurer Name	**Patient's Member ID #**	

Attending Health Care Provider Information		
Name		
Address		
City	**State**	**Zip Code**
Office Phone	**Fax**	
Tax ID # / NPI # (if available)	**Facility Name (if applicable)**	

Office Point of Contact	**Preferred Contact Method**

Alternative Contraceptive Drug, Device, or Product Request

(to be completed by the attending health care provider)

The covered therapeutic and pharmaceutical equivalent versions of a contraceptive drug, device, or product are: (check one)

Not available; OR

☐

Deemed medically inappropriate

☐

Requested Alternative Contraceptive Drug, Device or Product: (complete applicable items)

I, the patient's attending health care provider, in my reasonable professional judgment, have determined that the use of the non-covered therapeutic or pharmaceutical equivalent of a contraceptive drug, device, or product listed below is warranted.

Contraceptive Drug/Device/Product Name	**Strength**	**Quantity per Month**
J-code	**Units Requested[1]**	**Proposed Date of Service**

□ **Check if a generic equivalent may be substituted for the requested contraceptive drug, device, or product.**

Exception Request

NOTE: Per Colorado law, a carrier that receives this exception request for a non-formulary contraceptive shall consider that request as an expedited exception request and must respond within 24 hours following receipt of this request. Carriers are prohibited from requiring a covered person, a person's authorized representative, or an individual's provider to appeal an adverse benefit determination for a contraceptive using the carrier's internal claims and appeals process.

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[1] Pursuant to section § 10-16-104.2, Colorado Revised Statute, carriers must reimburse a participating provider for prescription contraceptives intended to last for a 12-month period.

Signature

I certify that the information provided in this form is accurate to the best of my knowledge.

Health Care Provider's Signature	Date

Send the completed form to:

For drugs covered under the retail pharmacy benefit:
Fax Numbers:
1-800-527-0531 non-specialty medications; or
1-800-853-3844 for specialty medications.

For retail pharmacy alternative contraceptive drug, device, or product requests, you may also submit a request for coverage online via electronic prior authorization (ePA) by using www.CoverMyMeds.com or any ePA enabled EMR software or by calling toll-free at 1-800-711-4555. We will notify the provider using the preferred contact method when the request has been processed. You may contact us at the toll-free number on the back of the member's health plan ID card with any questions, including on the status of the request.

For drugs covered under the medical benefit:
You may request coverage of an alternative contraceptive drug, device, or product by calling the toll-free number on the back of the member's health plan ID card or by filling out this form and attaching it to your secure online portal request at www.UHCProvider.com/paan.